

<b>MARSHALL SPACE FLIGHT CENTER VARIANCE FOR LIFTING DEVICES AND EQUIPMENT</b>		1. APPROVAL REQUESTED FOR THE FOLLOWING VARIANCE: <input type="checkbox"/> EXCEPTION <input type="checkbox"/> DEVIATION <input type="checkbox"/> WAIVER MPR 8715.1 CONTAINS DEFINITIONS		2. REQUEST NO.:
				3. PAGE ____ OF ____
4. EQUIPMENT NAME:		5. UNID:		6. DRAWING NUMBER AND REVISION:
7. PROGRAM/PROJECT:			8. REFERENCE DOCUMENT (Identifies missing items/corrective action):	
9. INITIATED BY:	10. ORGANIZATION:	11. TELEPHONE:	12. DATE:	
13. SPECIFY REQUIREMENT THAT CANNOT BE MET (Include Document Number and Section):				
14. DESCRIPTION OF VARIANCE (Include current equipment configuration and how it does not meet the requirement specified in block 13):				
15. REASON FOR VARIANCE:				
16. THIS VARIANCE REQUEST AFFECTS THE SAFETY, RELIABILITY, DURABILITY, OR PERFORMANCE OF THE EQUIPMENT?    YES <input type="checkbox"/> NO <input type="checkbox"/>				
17. THIS VARIANCE REQUEST IS NECESSARY TO PREVENT A SLIPPAGE IN A PROGRAM/PROJECT SCHEDULE?    YES <input type="checkbox"/> NO <input type="checkbox"/>				
18. LIST OTHER EFFECTS, IF ANY, THAT CAN OCCUR IF THIS VARIANCE IS NOT REQUESTED.				
<b>APPROVAL/CONCURRENCE SIGNATURES</b>				
COMMENTS AND RECOMMENDATIONS:		MSFC LIFTING DEVICE AND EQUIPMENT MANAGER (Date) (If Applicable):		
COMMENTS AND RECOMMENDATIONS:		PROGRAM/PROJECT MANAGER (Date):		
COMMENTS AND RECOMMENDATIONS:		FACILITIES MANAGEMENT OFFICE (Representative/Date) (If Applicable):		
COMMENTS AND RECOMMENDATIONS:		LOGISTICS SERVICES OFFICE (Representative/Date) (If Applicable):		
COMMENTS AND RECOMMENDATIONS:		INDUSTRIAL SAFETY BRANCH (Representative/Date):		
COMMENTS AND RECOMMENDATIONS:				
COMMENTS AND RECOMMENDATIONS:		SAFETY & MISSION ASSURANCE DIRECTOR (Date):		
COMMENTS AND RECOMMENDATIONS:		MSFC CENTER DIRECTOR (Date):		

REQUEST NUMBER:	<b>AUTHORIZATION FOR LIFTING DEVICES AND EQUIPMENT</b>	DATE:
NOTE(S):		